PTO/SB/22 (09-06)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006	Docket Number	n of information unless if displays a valid OMB control number Docket Number (Optional) 0142-0345P							
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)									
Application Number 09/680,427-Conf. #1287	Filed	October 6, 2000							
For AUTOMATED SCAN PROCESSING									
Art Unit 2625	Examiner	J. R. Pokrzywa							
This is a request under the provisions of 37 CFR 1.136(a) to extend the identified application.									
The requested extension and fee are as follows (check time period de	esired and enter the	appropriate fee below):							
<u>Fee</u>	Small Entity F								
\[\times \] One month (37 CFR 1.17(a)(1)) \[\$120	\$60	\$120.00							
Two months (37 CFR 1.17(a)(2)) \$450	\$225	\$							
Three months (37 CFR 1.17(a)(3)) \$1020	\$510	\$							
Four months (37 CFR 1.17(a)(4)) \$1590	\$795	\$							
Five months (37 CFR 1.17(a)(5)) \$2160	\$1080	\$							
Applicant claims small entity status. See 37 CFR 1.27.									
X A check in the amount of the fee is enclosed.									
Payment by credit card. Form PTO-2038 is attached.									
	s application to a De	eposit Account.							
The Director has already been authorized to charge fees in this application to a Deposit Account.									
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-2448 . I have enclosed a duplicate copy of this sheet.									
· · · · · · · · · · · · · · · · · · ·	·								
I am the applicant/inventor.									
assignee of record of the entire interest. See 3	7 CFR 3.71								
Statement under 37 CFR 3.73(b) is enclose		96).							
attorney or agent of record. Registration Numb	per								
attorney or agent under 37 CFR 1.34.									
Registration number if acting under 37 CFR 1.34	40,953	·							
Esther Chong	Octo	October 16, 2006							
Signature)	Date							
Esther H. Chong Typed or printed name		(703) 205-8000 Telephone Number							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their re	•								
than one signature is required, see below.									
Total of forms are submitted.									

10/17/2006 SDENBOB1 00000034 09680427

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PTO/SB/17 (07-06)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known								
		Application Number 0		09/680,427-Conf. #001287						
		Filing Date	ing Date October 6, 2000							
		First Named Inv	entor	Jan J. JANSE						
FOI F 1 2005		Examiner Name		J. R. Pokrzywa						
Applicant claims small entity status. See 37 CFR 1.27.		Art Unit		2625						
TOTAL AMOUNT O	F PAYMENT	(\$) 120.00		Attorney Docket	No.	0142-0345P				
METHOD OF PAYMENT (check all that apply)										
X Check Credit Card Money Order None Other (please identify):										
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
Charge any additional fee(s) or underpayment of x Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17										
FEE CALCULATION	ON									
1. BASIC FILING, SE	•		S							
	FIL	ING FEES	SE	ARCH FEES	EXAMI	NATION FEES				
Application Type	<u>Fee (\$)</u>	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Pa	aid (\$)		
Utility	300	150	500	250	200	100				
Design	200	100	100	50	130	65				
Plant	200	100	300	150	160	80				
Reissue	300	150	500	250	600	300				
Provisional	200	100	0	0	0	0				
2. EXCESS CLAIM F	EES						_	mall Entity		
Fee Description		,					Fee (\$)	Fee (\$)		
Each claim over 20 (Each independent cla	•	•					50	25		
Multiple dependent ca	•	iding Reissues)					200 360	100 180		
• •	Extra Claims	Eco (\$)	Eoo S	Paid (\$)		fultinle Depends		100		
<u>Total Claims</u> 35 - 35 =		Fee (\$)	reer	Paid (\$) Multiple Depen			Fee Paid (\$)	*		
HP = highest number of t					-	<u> </u>				
Indep. Claims	Extra Claims	Fee (\$)	Fee F	Paid (\$)				-		
66 =	0 ×	=_								
HP = highest number of i	independent claims	paid for, if greater than	3.		_		_	_		
3. APPLICATION SIZ										
	CFR 1.52(e)), t	he application size	fee du	e is \$250 (\$125 f						
Total Sheets	Extra Sheets	5 U.S.C. 41(a)(1)(0	•	dditional 50 or frac	tion there	of Fee (\$)	Fee Pa	aid (\$)		
· · · · · · · · · · · · · · · · · · ·	·						=	<u> </u>		
100 = /50 (round up to a whole number) x =							aid (\$)			
Non-English Specification, \$130 fee (no small entity discount)										
Other (e.g., late filing surcharge): 1251 Extension for response within first month						120	.00			
SUBMITTED BY										
Signature Registration No. (Attorney/Agent) 40,953			Telephone	(703) 205-8000						
Name (Print/Type) Est				Date	October 16, 2006					